

### **ANNUAL STATEMENT**

# FOR THE YEAR ENDING DECEMBER 31, 2012 OF THE CONDITION AND AFFAIRS OF THE

**Envision Insurance Company** 

·	00000 rent Period)	, 00000 (Prior Period)	NAIC Company	Code 1274	7 Employer's II	D Number _	20-4308924
Organized under the Laws of	,	Ohio		, State of Domic	ile or Port of Entry _		Ohio
Country of Domicile				United States			
Licensed as business type:	Life, Accid	lent & Health [ X ]	Property/Ca	sualty [ ]	Hospital, Medical 8	& Dental Ser	vice or Indemnity [ ]
	Dental Se	rvice Corporation [ ]	Vision Servi	ce Corporation [ ]	Health Maintenand	e Organizati	on [ ]
	Other [ ]		Is HMO, Fe	ederally Qualified?	Yes[] No[]		
Incorporated/Organized		02/08/2006	c	ommenced Busines	ss	01/01/200	07
Statutory Home Office		2181 East Aur	ora Road	j	Twinsbu	urg, OH, 440	087
		(Street and No	umber)		(City, State,	Country and Zip	Code)
Main Administrative Office				2181 East Auro			
Tw	insburg, OF	l, 44087		(Street and Num	330-405-808	39	
(City, S	State, Country a	and Zip Code)			(Area Code) (Telephone	e Number)	
Mail Address		81 East Aurora Road eet and Number or P.O. Box)		,	Twinsburg, (		
Primary Location of Books a	•	,		2181 (	East Aurora Road	ry and zip code)	
ary Ecodion of Books 6	1 (000) (0				reet and Number)		
Tw	insburg, OF State, Country a	I, 44087			330-405-808		
Internet Web Site Address	otate, country a	ma zip code)		ر) www.envisionrxplus	Area Code) (Telephone Num	ber) (Extension)	
		Educia Isasas Alisas		www.errvisioriixpius		100 0077	
Statutory Statement Contac		Edwin Jenaro Alicea (Name)	a, CPA, MPA		(Area Code) (Teleph		xtension)
eal	icea@rxopi (E-Mail Addr				330-486-480 (Fax Number)		
Name		Title	OFFIC	<b>ERS</b> Nar	mo.		Title
Kevin Michael Nagle	9	Presiden	t	Catherine Hoagl		Executiv	ve Vice President
Kimberly Sue Kirkbrid		Treasure		Eugene Pau			Secretary
			OTHER OF	FICERS			
Barry Irwin Katz R. P	<u>h.</u> ,	Chief Operating	Officer	Thomas Joh	nn Welsh #,	Chief F	inancial Officer
		DIDI	ECTORS OF	R TRUSTEES			
Kevin Michael Nagle	9	Catherine Hoagland		Barry Irwin ł		Kimber	ly Sue Kirkbride
Eugene Paul Samuels		Thomas John V					
State of		SS					
County of	Summit						
The officers of this reporting en above, all of the herein describe that this statement, together will iabilities and of the condition and have been completed in ac may differ; or, (2) that state rule knowledge and belief, respective when required, that is an exact regulators in lieu of or in additional control of the conditional control of the conditional control of the conditional control of the conditional conditional control of the conditional control of the conditional control of the conditional cond	ed assets we th related ex and affairs of t cordance with es or regulatively. Furthern copy (excep	re the absolute property of hibits, schedules and exp he said reporting entity as the NAIC Annual Statem ons require differences in hore, the scope of this att to for formatting differences	of the said reporting planations therein consists of the reporting persent Instructions and reporting not relate estation by the description.	entity, free and clear ontained, annexed or riod stated above, and Accounting Practices d to accounting practic ribed officers also incl	from any liens or claims referred to, is a full and d of its income and dedu and <i>Procedures</i> manual ces and procedures, acc udes the related corresp	thereon, exce d true stateme actions therefro except to the cording to the bonding electro	pt as herein stated, and and of all the assets and om for the period ended, extent that: (1) state law best of their information, onic filing with the NAIC,
Kevin Micha Presid			Catherine Hoagla		К	imberly Sue Treasur	
Subscribed and sworn to budget day of	efore me th	is ,		b.	Is this an original filing If no:  1. State the amendme 2. Date filed 3. Number of pages at	ent number	Yes [ X ] No [ ]

### **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
						<b></b>
						ł
0299997 Group subscriber subtotal	0	0	0	0	0	l0
0299998 Premiums due and unpaid not individually listed	474 , 184	465,338	122,562	269,885	269,885	1,062,084
0299999 Total group	474 , 184	465,338	122,562	269,885	269,885	1,062,084
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	474,184	465,338	122,562	269,885	269,885	1,062,084

### **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted					
		<u> </u>		1		1					
						1					
					•						
					-						
					· <del> </del>	+					
				-		+					
	NON										
						1					
					-	·					
						· <del> </del>					
						1					
					<u> </u>						
		1	1	1	1	1					
		1	T	T	1	T					
0799999 Gross health care receivables	(	) 0	0	^	0	^					
אוויסט ווסמונוו כמוב ווככבועמטופט בפבפבע		, i	·	· I	1	U					

## **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

	Aging Analysis of Unpaid	Claims				
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)		,	,	<u> </u>		
Claims Unpaid (Reported) Rx Options, Inc	6,714,924					6,714,924
				-		
						-
				· ·		
	0.744.004					
0199999 Individually listed claims unpaid	6,714,924		U	J0	J	6,714,924
0299999 Aggregate accounts not individually listed-uncovered				-		
0399999 Aggregate accounts not individually listed-covered	0.744.004	0	0		0	0 714 024
0499999 Subtotals	6,714,924	U	U	1 0	0	6,714,924
0599999 Unreported claims and other claim reserves						
0699999 Total amounts withheld						6 714 024
0799999 Total claims unpaid						6,714,924
0899999 Accrued medical incentive pool and bonus amounts						1

### **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
	<b>R</b> .		<b>B</b>				
	············· <del>··</del> ····						
0199999 Individually listed receivables	0	0	0	0	0	0	0
0199999 Individually listed receivables	•		-			•	
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

### **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
RX Options, Inc	Various Management Services	46,499,025	46,499,025	
	-			
0199999 Individually listed payables		46 , 499 , 025	46,499,025	.0
0199999 Individually listed payables			*,,	
0399999 Total gross payables		46,499,025	46,499,025	0

### **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	0			0.0		
2. Intermediaries	0			0.0		
3. All other providers	0	0.0		0.0		
Total capitation payments		0.0	0	0.0	0	L0
Other Payments:						
5. Fee-for-service	0	0.0	xxx	Lxxx		
Contractual fee payments	0		xxx	xxx	,	
7. Bonus/withhold arrangements - fee-for-service	0		xxx	xxx		
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	xxx		
9. Non-contingent salaries	0	0.0	xxx	xxx		
10. Aggregate cost arrangements	0	0.0	xxx	xxx		
11. All other payments	358,373,243	100.0	xxx	xxx	358,373,243	
12. Total other payments	358,373,243	100.0	XXX	XXX	358,373,243	0
13. Total (Line 4 plus Line 12)	358,373,243	100 %	XXX	XXX	358,373,243	C

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	EXHIBIT 7 - PART 2 - 30 WIMART OF TRANSACTIONS	<u> </u>	MILDIAINE	<u> </u>	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
			1		
			1		
			1	1	
	_		·		
			1		
			·		
			·		
			-		
			· <del> </del>		
			<del> </del>	<b></b>	<b></b>
			<b>-</b>	ļ	<b> </b>
			<b></b>		ļ
9999999 Totals			XXX	XXX	XXX

## **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
Other property and equipment						
6. Total	0	0	0	0	0	0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Envision Insurance Company** 

IAIC Group Code 00000 BUSINESS IN THE STATE OF	- Alahama			DURING THE YEAR	2012			(LOCATION)	AIC Company Code	12747
dic Group code 00000 BUSINESS IN THE STATE OF	- Alabama	Compre	hensive	DURING THE YEAR	2012			INA T	T Company Code	12/4/
	1	(Hospital &	Medical)	4	5	6	7	8	9	10
		2	3	]						
							Federal Employees			
				Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	5,646									5
2 First Quarter	6,529									6
3 Second Quarter	6,837									6
4. Third Quarter	7 , 132									7
5. Current Year	7,432									7
6 Current Year Member Months	82,616									82
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	7 ,776 ,523									7 ,776
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	7 ,776 ,523									7 , 776
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	6,692,434									6 , 692
18. Amount Incurred for Provision of Health Care Services	6,501,266									6,501

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

NAIC Group Code 00000 BUSINESS IN THE STATE OF	- Alaska			DURING THE YEAR	2012			(LOCATION)		12747
NAIC Group Code 00000 BUSINESS IN THE STATE OF	Alaska	Compre	hensive	DURING THE YEAR	1 2012 T			I N/	AIC Company Code	12/4/
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	23									2
2 First Quarter	27									2
3 Second Quarter	30									3
4. Third Quarter	35									3
5. Current Year	38									3
6 Current Year Member Months	382									38
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	72,812									72,81
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned										72,81
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	41,888									41,88
18. Amount Incurred for Provision of Health Care Services	38,495									38,49

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......72,812



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Envision Insurance Company

NAIC Group Code 00000 BUSINESS IN THE STATE OF	Arizono			DURING THE YEAR	2012			(LOCATION)	AIC Company Code	12747
NAIC Group Code 00000 BUSINESS IN THE STATE OF	Alizoila	Compre	hensive	DUKING THE YEAR	( <u>20 12</u>			N/	AIC Company Code	12/4/
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	252									25
2 First Quarter	931									93
3 Second Quarter	1,411									1,41
4. Third Quarter	1,810									1,81
5. Current Year	2,217									2,21
6 Current Year Member Months	17,176									17,17
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,312,336									1,312,33
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,312,336									1,312,33
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	979,964									979,96
18. Amount Incurred for Provision of Health Care Services	1,004,142									1,004,14

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......1,312,336



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Envision Insurance Company** 

IAIC Group Code 00000 BUSINESS IN THE STATE OF	E Arkaneae			(LOCATION)	12747					
AIC GLOUP CORE 00000 BOSINESS IN THE STATE OF		Compre		DURING THE YEAR					AIC Company Code	
	1	(Hospital 8	R Medical)	4	5	6	7	8	9	10
	Total	2 Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,691									1,69
2 First Quarter	2,470									2,47
3 Second Quarter	2,682									2,68
4. Third Quarter	2,859									2,85
5. Current Year	3,068									3,06
6 Current Year Member Months	32,426									32,42
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,832,863									2,832,86
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,832,863									2,832,86
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,484,796									2,484,79
18. Amount Incurred for Provision of Health Care Services	2,421,707									2,421,70

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Envision Insurance Company 2.

IAIC Group Code 00000 BUSINESS IN THE STATE OF	California			DURING THE YEAR	2012			(LOCATION)	AIC Company Code	12747
AIC GIOUP COULE DOUDO BOSINESS IN THE STATE OF	Camorna	Compre	hensive	DUKING THE YEAR	. 2012			NA	AIC Company Code	12/4/
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,452									1,45
2 First Quarter	63,787									63,78
3 Second Quarter	70,887									70,88
4. Third Quarter	77,388									77 ,38
5. Current Year	83,547									83,54
6 Current Year Member Months	856,672									856,67
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	72,986,585									72,986,58
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										72,986,58
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	68,377,316									68,377,3
18. Amount Incurred for Provision of Health Care Services	70,058,949									70,058,94

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......72,986,585



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Envision Insurance Company

2.

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Colorada			DURING THE YEAR	2012			(LOCATION)	AIC Company Code	12747
AIC Group Code 00000 BUSINESS IN THE STATE OF	Colorado	Compre	hensive	DUKING THE YEAR	2012			NA	AIC Company Code	12/4/
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	323									32
2 First Quarter	2,400									2,40
3 Second Quarter	3,047									3,04
4. Third Quarter	3,656									3,65
5. Current Year	4,441									4,44
6 Current Year Member Months	37,665									37,66
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,219,715									3,219,71
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,219,715									3,219,7
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,851,058									2,851,0
18. Amount Incurred for Provision of Health Care Services	2,902,599									2,902,59

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......3,219,715



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

							(LOCATION)			
IAIC Group Code 00000 BUSINESS IN THE STATE OF	Connecticut	0	to a control	DURING THE YEAR	2012			N/	AIC Company Code	12747
	1	Compre (Hospital 8	enensive & Medical) 3	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	162									16
2 First Quarter	199									19
3 Second Quarter	205									20
4. Third Quarter	212									212
5. Current Year	207									207
6 Current Year Member Months	2,453									2,453
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	296,756									296,756
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	296,756									296,75
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	232,084									232,08
18. Amount Incurred for Provision of Health Care Services	224,253									224,25

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......296,756



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Envision Insurance Company** 

AIC Group Code 00000 BUSINESS IN THE STATE OF	Doloworo			DURING THE YEAR	2012			(LOCATION)	AIC Company Code	12747
AIC Group Code 00000 BUSINESS IN THE STATE OF	Delaware	Compre	hensive	DUKING THE YEAR	2012			N/	AIC Company Code	12/4/
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	115									11
2 First Quarter	469									46
3 Second Quarter	533									53
4. Third Quarter										59
5. Current Year	641									64
6 Current Year Member Months	6,478									6,47
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)										685,57
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										685 , 5
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	604,841									604,8
18. Amount Incurred for Provision of Health Care Services	607,194									607,1

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .......



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Envision Insurance Company 2.

								(LOCATION)		
NAIC Group Code 00000 BUSINESS IN THE STATE O	F District of Columbia			DURING THE YEAR	2012	T	T	NA NA	IC Company Code	12747
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	33									
2 First Quarter	464									4
3 Second Quarter	548									5
4. Third Quarter	608									6
5. Current Year	686									6
6 Current Year Member Months	6,609									6,6
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	657 ,907									657,9
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	657,907									657 ,9
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	571,070									571,0
18. Amount Incurred for Provision of Health Care Services	580,862									580,8

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Envision Insurance Company** 

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Elorida			DURING THE YEAR	2012			(LOCATION)  NAIC Company Code		12747	
IAIC Gloup Code 00000 BOSINESS IN THE STATE OF	Florida	Compre		DURING THE TEAM	2012			INA	To Company Code	12/4/	
	1	(Hospital 8		4	5	6	7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	10,028									10 , 02	
2 First Quarter	8,683									8,68	
3 Second Quarter	8,956									8,95	
4. Third Quarter	8,974									8,97	
5. Current Year	8,862									8,86	
6 Current Year Member Months	106,255									106,25	
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	15,011,267									15,011,26	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	15,011,267									15,011,20	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	12,435,573									12,435,57	
18. Amount Incurred for Provision of Health Care Services	12,114,384									12,114,38	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products \_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......15,011,267



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Envision Insurance Company 2.

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Coordia			DURING THE YEAR	2010			(LOCATION)		12747
AIC Group Code 00000 BUSINESS IN THE STATE OF	Georgia	Compre	hensive	DUKING THE YEAR	2012			NA	AIC Company Code	12/4/
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5,529									5 , 52
2 First Quarter	6,321									6,32
3 Second Quarter	7,080									7 , 08
4. Third Quarter	7 ,896									7 , 89
5. Current Year	8,645									8,64
6 Current Year Member Months	86,688									86,68
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	7 ,753 ,285									7,753,28
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	7 ,753 ,285									7 ,753 ,28
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	7,007,458									7 ,007 ,4
18. Amount Incurred for Provision of Health Care Services	6,827,189									6,827,18

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Envision Insurance Company** 

IAIC Crown Code 00000 PUCINIFIC IN THE STATE OF	Lloweii	waii			2010			(LOCATION)  NAIC Company Code		12747	
AIC Group Code 00000 BUSINESS IN THE STATE OF	- nawali	Compre	hensive	DURING THE YEAR	2012			I NA	I Company Code	12/4/	
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:	Total	marriadai	Стоир	Саррынын	Jy	O'my	T Idii	Wedisars	Wedloard	Othor	
1. Prior Year	27									2	
2 First Quarter	180									18	
3 Second Quarter	295									29	
4. Third Quarter	392					-				39	
5. Current Year	497									49	
6 Current Year Member Months	3,616									3,61	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	344,339									344,33	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	344,339									344,33	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	253,644									253,64	
18. Amount Incurred for Provision of Health Care Services	264,635									264,63	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

NAME OF A COLUMN TO A COLUMN THE OTATE OF	- 1.1.1.				0040			(LOCATION)	10717	
NAIC Group Code 00000 BUSINESS IN THE STATE OF	- Idano	Compre	hensive	DURING THE YEAR	. 2012 			N.F	IC Company Code	12747
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										1
1. Prior Year	94									9
2 First Quarter	539									53
3 Second Quarter	649									64
4. Third Quarter	741									74
5. Current Year	840									84
6 Current Year Member Months	7,889									7,88
Total Member Ambulatory Encounters for Year:										l
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	751,834									751,83
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned										751,83
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	587 ,511									587,51
18. Amount Incurred for Provision of Health Care Services	596,305									596,30

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Envision Insurance Company 2.

AND OUR OLD AND AND AND AND AND AND AND AND AND AN	me				0040			(LOCATION)		10717
AIC Group Code 00000 BUSINESS IN THE STATE OF	Illinois	Compre	hensive	DURING THE YEAR	2012 			I NA	IC Company Code	12747
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	546									54
2 First Quarter										8,45
3 Second Quarter										9,43
4. Third Quarter										10,34
5. Current Year	11,409									11,40
6 Current Year Member Months	115,280									115,28
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	11,334,946									11,334,94
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0			ļ						
15. Health Premiums Earned	11,334,946									11,334,94
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	10 ,307 ,808									10 , 307 , 80
18. Amount Incurred for Provision of Health Care Services	10,445,363									10,445,36

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......11,334,946



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Envision Insurance Company

2.

IALO Carras Conta 00000 PLICINICO IN THE CTATE OF	· Indiana				2040			(LOCATION)		40747
AIC Group Code 00000 BUSINESS IN THE STATE OF	indiana	Compre	hensive	DURING THE YEAR	2012			N/	AIC Company Code	12747
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	472									47
2 First Quarter	3,440									3,44
3 Second Quarter	3,994									3,99
4. Third Quarter	4,565									4,56
5. Current Year	5,161									5,16
6 Current Year Member Months	49,111									49,11
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	5,461,905									5 , 461 , 90
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										5,461,9
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	5,022,325									5 , 022 , 3
18. Amount Incurred for Provision of Health Care Services	5,085,901									5,085,90

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
IAIC Group Code 00000 BUSINESS IN THE STATE OF Iou	wa	0	h	DURING THE YEAR	2012			N/	AIC Company Code	12747
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	177									177
2 First Quarter	2,902									2,902
3 Second Quarter	3,137									3 , 137
4. Third Quarter	3,343									
5. Current Year	3,584									3,584
6 Current Year Member Months	38,023									38,023
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,013,983									4,013,983
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4,013,983									4,013,98
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,669,025									3,669,02
18. Amount Incurred for Provision of Health Care Services	3,697,083									3,697,08

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......4,013,983



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

IAIO Carra Cada COOCO DUCINECO IN THE CTATE OF	·			DUDING THE VEAR	2042			(LOCATION)	40747	
IAIC Group Code 00000 BUSINESS IN THE STATE OF	Kansas	Compre	hensive	DURING THE YEAR	2012 			I NA	AIC Company Code	12747
	1	(Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	484									48
2 First Quarter	1,877									1,87
3 Second Quarter	2,040									2,04
4. Third Quarter	2,237									2,23
5. Current Year	2,464									2,46
6 Current Year Member Months	24,990									24,99
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,696,540									2,696,54
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,696,540									2,696,54
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,575,133									2 , 575 , 13
18. Amount Incurred for Provision of Health Care Services	2,553,434									2,553,43

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Envision Insurance Company

2.

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Kantualar			DURING THE YEAR	2012			(LOCATION)		12747
AIC Group Code 00000 BUSINESS IN THE STATE OF	КепшСКУ	Compre	hensive	DUKING THE YEAR	2012			NA	AIC Company Code	12/4/
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										26
2 First Quarter	4,951									4,95
3 Second Quarter	5,330									5,33
4. Third Quarter	5,737									5,73
5. Current Year	6,136									6,13
6 Current Year Member Months	64,918									64,91
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	7 , 142 , 098									7 , 142 , 09
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	7 , 142 , 098									7 , 142 , 09
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	6,391,940									6,391,94
18. Amount Incurred for Provision of Health Care Services	6,466,769									6,466,76

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Envision Insurance Company 2.

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Louisiana			DURING THE YEAR	2010			(LOCATION)	AIC Company Code	12747
AIC Group Code 00000 BUSINESS IN THE STATE OF	Louisiana	Compre	hensive	DURING THE YEAR	2012			IN/	AIC Company Code	12/4/
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,974									2,97
2 First Quarter	3,402									3,40
3 Second Quarter	3,825									3,82
4. Third Quarter	4,212									4,21
5. Current Year	4,559									4,55
6 Current Year Member Months	46,259									46,25
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,204,496									4 , 204 , 49
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	4,204,496									4 , 204 , 4
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,830,453									3 ,830 ,4
18. Amount Incurred for Provision of Health Care Services	3,727,229									3,727,22

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......4,204,496



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Envision Insurance Company** 

IALO O O . I	4 - 1			(LOCATION)	40747					
AIC Group Code 00000 BUSINESS IN THE STATE OF M	laine	Compre	honoivo	DURING THE YEAR	2012 I			N/	AIC Company Code	12747
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	66									
2 First Quarter	283									2
3 Second Quarter	656									6
4. Third Quarter	911									9
5. Current Year	1,284									1,28
6 Current Year Member Months	8,301									8,3
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	704,262									704,2
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	704,262									704 , 2
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	596,159									596 , 1
18. Amount Incurred for Provision of Health Care Services	626,633									626,6

(a) For health business: number of persons insured under PPO managed care products _	and number of persons insured under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......704,262



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Envision Insurance Company

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Manuland			DURING THE YEAR	2012			(LOCATION)	AIC Company Code	12747
AIC GLOUP COUCE 00000 BOSINESS IN THE STATE OF	Maryianu	Compre		DURING THE TEAK	. 2012				AIC Company Code	12/4/
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	441									44
2 First Quarter	2,222									2,22
3 Second Quarter	2,560									2,56
4. Third Quarter	2,904									2,90
5. Current Year	3,269									3,26
6 Current Year Member Months	31,434									31,43
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,278,955									
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,278,955									3,278,95
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,906,108									2,906,10
18. Amount Incurred for Provision of Health Care Services	2,941,428									2,941,42

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......3,278,955



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

	000 BUSINESS IN THE STATE OF Massachusetts					(LOCATION)				
IAIC Group Code 00000 BUSINESS IN THE STATE OF	Massachusetts	0	to a contract of	DURING THE YEAR	2012			N/	AIC Company Code	12747
	1	Compre (Hospital 8	hensive Medical)  3	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	441									44
2 First Quarter	495									49
3 Second Quarter	509									50
4. Third Quarter	525									52
5. Current Year	531									53
6 Current Year Member Months	6,130									6,13
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	837 ,451									837 , 45
13. Life Premiums Direct							ļ			
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	837,451									837 , 45
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	830 , 129									830 , 12
18. Amount Incurred for Provision of Health Care Services	816,332									816,33

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Envision Insurance Company** 

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Michigan			DURING THE YEAR	2012			(LOCATION)		12747
AIC Group Code 00000 BUSINESS IN THE STATE OF	wichigan	Compre	hensive	DUKING THE YEAR	2012			NA	AIC Company Code	12/4/
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	477									47
2 First Quarter	6,651									6,65
3 Second Quarter	7 ,599									7 , 59
4. Third Quarter	8,508									8,50
5. Current Year	9,466									9,46
6 Current Year Member Months	93,092									93,09
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	9,593,525									9 , 593 , 52
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	9,593,525									9 , 593 , 5
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	7,907,875									7 ,907 ,8
18. Amount Incurred for Provision of Health Care Services	8,039,855									8,039,85

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

IALO Carrar Cada DOCOCO DI DI DINECCI IN THE CTATE OF	- M:			DURING THE YEAR 2012				(LOCATION)	40747	
AIC Group Code 00000 BUSINESS IN THE STATE OF	- Minnesota	Compre	hansiya	DURING THE YEAR	R 2012			I NA	AIC Company Code	12747
	1	(Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	170									17
2 First Quarter	4,123									4 , 12
3 Second Quarter	4,595									4,59
4. Third Quarter	4,954									4,95
5. Current Year	5,333									5,33
6 Current Year Member Months	55,298									55,29
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	5,990,168									5,990,16
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	5,990,168									5,990,16
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	5,414,396									5,414,39
18. Amount Incurred for Provision of Health Care Services	5,470,184									5,470,18

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Mississippi			DURING THE YEAR	2012			(LOCATION)	AIC Company Code	12747
AIO GIOUP COUE 00000 BOSINESS IN THE STATE OF	Iviississippi	Compre	hensive	DUKING THE YEAR	2012			NA	AIC Company Code	12/4/
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	238									23
2 First Quarter	3,982									3,98
3 Second Quarter	4,422									4,42
4. Third Quarter	4,748									4,74
5. Current Year	5,106									5,10
6 Current Year Member Months	53,179									53,17
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,968,000									4,968,00
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	4,968,000									4,968,00
16. Property/Casualty Premiums Earned	0									
Amount Paid for Provision of Health Care Services	4,525,413									4,525,4
18. Amount Incurred for Provision of Health Care Services	4,592,949									4,592,94

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......4,968,000



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Envision Insurance Company

2.

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Missouri			DURING THE YEAR	2012			(LOCATION)		10747
AIC Group Code 00000 BUSINESS IN THE STATE OF	· IVIISSOUTI	Compre	hensive	DUKING THE YEAR	N.A	AIC Company Code	12747			
	1	(Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	757									75
2 First Quarter	653									65
3 Second Quarter	641									64
4. Third Quarter	630									63
5. Current Year	626									62
6 Current Year Member Months	7,699									7,69
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	977,894									977 ,89
13. Life Premiums Direct										
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	977,894									977 ,89
16. Property/Casualty Premiums Earned	0									
Amount Paid for Provision of Health Care Services	880,745									880,74
18. Amount Incurred for Provision of Health Care Services	841,870									841,87

(a) For health business: number of persons insured under PPO managed care products _	and number of persons insured under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......977,894



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

IAIC Group Code 00000 BUSINESS IN THE STATE OF	= Montana	DURING THE YEAR 2012							(LOCATION)  NAIC Company Code		
AIC GLOUP CORE 00000 BOSINESS IN THE STATE OF	WIGHTALL	Comprehensive							AIC Company Code	12747	
	1	(Hospital 8		4 Medicare Supplement	5 Vision Only	6 Dental Only	7	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
	Total	2 Individual	3 Group				Federal Employees Health Benefit Plan				
Total Members at end of:											
1. Prior Year	48									4	
2 First Quarter	908									90	
3 Second Quarter	993									99	
4. Third Quarter	1,065									1,06	
5. Current Year	1,153									1,15	
6 Current Year Member Months	12,006									12,00	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	1,192,151									1 , 192 , 15	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0									ļ	
15. Health Premiums Earned	1,192,151									1 , 192 , 15	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	1,029,308									1 , 029 , 30	
18. Amount Incurred for Provision of Health Care Services	1,043,480									1,043,48	

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......1, 192, 151



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Envision Insurance Company** 

IAIC Crown Code 00000 PUCINIFIC IN THE STATE OF	DURING THE YEAR 2012					(LOCATION)  NAIC Company Code 1274				
IAIC Group Code 00000 BUSINESS IN THE STATE OF	- Nebraska	Compre	hensive	DUKING THE YEAR	2012			I N/	IAIC Company Code	12747
	1	(Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	159									15
2 First Quarter	1,737									1,7
3 Second Quarter	1,826									1,82
4. Third Quarter	1,914									1,91
5. Current Year	2,038									2,03
6 Current Year Member Months	22,064									22,06
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,404,352									2,404,35
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,404,352									2,404,3
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,476,025									2,476,0
18. Amount Incurred for Provision of Health Care Services	2,488,414									2,488,41

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......2,404,352



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Novada			DURING THE YEAR	2012			(LOCATION)	12747	
AIC GLOUP COUR DOOLNESS IN THE STATE OF	INEVAUA	Compre		DURING THE YEAR	. 2012			NA	AIC Company Code	12/4/
	1	(Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	156									15
2 First Quarter										29
3 Second Quarter	309									30
4. Third Quarter										32
5. Current Year	313									31
6 Current Year Member Months	3,663									3,66
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)										471,07
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	471,071									471,07
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										360,4
18. Amount Incurred for Provision of Health Care Services	354,590									354,59

(a) For health business: number of persons insured under PPO managed care productsand number of persons insured under indemnity only products	
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## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Envision Insurance Company 2.

								(LOCATION)		
IAIC Group Code 00000 BUSINESS IN THE STATE OF	New Hampshire			DURING THE YEAR	2012	1		N/	AIC Company Code	12747
	1	Compre (Hospital 8	hensive & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										8
2 First Quarter	295									29
3 Second Quarter	482									48
4. Third Quarter	647									64
5. Current Year	785									78
6 Current Year Member Months	5,958									5,95
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	540,910									540,91
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	540,910									540,91
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	483,597									483,59
18. Amount Incurred for Provision of Health Care Services	491,899									491,89

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......540,910

## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Envision Insurance Company** 

AIC Group Code 00000 BUSINESS IN THE STATE OF	Now Jaroov			DURING THE YEAR	2010			(LOCATION)	12747	
AIC GIOUP CODE 00000 BUSINESS IN THE STATE OF	New Jersey	Compre		DURING THE TEAK	2012				AIC Company Code	12747
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	16,573									16 , 57
2 First Quarter	25,131									25 , 13
3 Second Quarter	24,798									24,79
4. Third Quarter	24,813									24,81
5. Current Year	24,881									24,88
6 Current Year Member Months	299,634									299,63
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										33 , 197 , 06
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	30,281,370									
18. Amount Incurred for Provision of Health Care Services	30,009,840									30,009,84

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......33,197,067



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

IAIC Group Code 00000 BUSINESS IN THE STATE OF	E Now Movico			(LOCATION)	12747					
AIO GIOUP GOUE GOOD BOSHNESS IN THE STATE OF	INGW MIGNICO	Compre	hensive	DURING THE YEAR			_		AIC Company Code	
	1 <u> </u>	(Hospital 8	& Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	105									10
2 First Quarter	1,246									1,24
3 Second Quarter	1,607									1,60
4. Third Quarter	1,990									1,99
5. Current Year	2,331									2,33
6 Current Year Member Months	20,012									20,01
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,529,185									1 ,529 , 18
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,529,185									1 , 529 , 18
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1 , 194 , 228									1 , 194 , 22
18. Amount Incurred for Provision of Health Care Services	1,232,184									1,232,18

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......1,529,185



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

IALO O CONTROL DE CONT	- No West				0040			(LOCATION)	10.0	12747	
AIC Group Code 00000 BUSINESS IN THE STATE OF	- New York	Compre	hensive	DURING THE YEAR	2012			INF	IC Company Code	12/4/	
	1	(Hospital a	& Medical)	4	5	6	7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	26,626									26 , 62	
2 First Quarter	28,536									28,53	
3 Second Quarter	29,677									29 , 67	
4. Third Quarter	30,636									30,63	
5. Current Year	31,749									31,74	
6 Current Year Member Months	357,369									357,36	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	38,832,482									38 , 832 , 48	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	38,832,482									38,832,48	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	36 , 257 , 556									36 , 257 , 55	
18. Amount Incurred for Provision of Health Care Services	35,639,371									35,639,37	

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.................38,832,482



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

NAIC Group Code 00000 BUSINESS IN THE STATE OF	North Carolina			DURING THE YEAR	2012			(LOCATION)	IC Company Code	12747	
NAIC Group Code 00000 BUSINESS IN THE STATE OF	- North Carolina	Compre									
	1	(Hospital 8	& Medical) 3	4	5	6	7	8	9	10	
	Total	Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	905									905	
2 First Quarter	10,357									10,357	
3 Second Quarter	11,017									11,017	
4. Third Quarter	11,606									11,606	
5. Current Year	12,384									12,384	
6 Current Year Member Months	133,551									133,551	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	(	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	14,097,618									14,097,618	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	14,097,618									14,097,618	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	12,728,542									12 , 728 , 542	
18. Amount Incurred for Provision of Health Care Services	12,850,875									12,850,875	

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......14,097,618



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

NAME OF THE OTATE OF					22.42			(LOCATION)	10.0	10-1-
NAIC Group Code 00000 BUSINESS IN THE STATE O	DF North Dakota	Compre	honoivo	DURING THE YEAR	: 2012 T			NA	IC Company Code	12747
	1	(Hospital &		4	5	6	7	8	9	10
		2	3							
							Federal Employees			
				Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	39									
2 First Quarter	449									4
3 Second Quarter	476									4
4. Third Quarter	522									5
5. Current Year	569									5
6 Current Year Member Months	5,868									5,8
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	599,151									599 ,
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	599,151									599 ,
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	508,487									508,4
18. Amount Incurred for Provision of Health Care Services	513,167									513,1

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......599,151



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Envision Insurance Company** 

IAIC Group Code 00000 BUSINESS IN THE STATE OF C	Nhia			DURING THE YEAR	2010			(LOCATION)	12747	
AIC Group Code 00000 BUSINESS IN THE STATE OF C	nio	Compre	hensive	DURING THE YEAR	2012			N/	AIC Company Code	12/4/
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	837									
2 First Quarter	15,505									15 , 50
3 Second Quarter	17,018									17,01
4. Third Quarter	18,472									18,47
5. Current Year	19,955									19,95
6 Current Year Member Months	206,889									206,88
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	21,271,007									21,271,00
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									<u> </u>
15. Health Premiums Earned	21,271,007									21,271,00
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	20 , 173 , 554									20 , 173 , 55
18. Amount Incurred for Provision of Health Care Services	20,407,514									20,407,51

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......21,271,007



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

IAIC Group Code 00000 BUSINESS IN THE STATE OF	00000 BUSINESS IN THE STATE OF Oklahoma				DURING THE YEAR 2012							
AIC Group Code 00000 BUSINESS IN THE STATE OF	Окіапота	Compre	hensive	DUKING THE YEAR	2012			N/	AIC Company Code	12747		
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10		
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	419									41		
2 First Quarter	1,709									1,70		
3 Second Quarter	2,317									2,31		
4. Third Quarter	2,910									2,91		
5. Current Year	3,474									3,47		
6 Current Year Member Months	28,744									28,74		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	2,646,469									2,646,46		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0									ļ		
15. Health Premiums Earned	2,646,469									2,646,4		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	2,383,014									2,383,0		
18. Amount Incurred for Provision of Health Care Services	2,424,230									2,424,23		

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......2,646,469



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Envision Insurance Company** 

								(LOCATION)		
IAIC Group Code 00000 BUSINESS IN THE STATE OF	Oregon			DURING THE YEAR	2012	1		N/	AIC Company Code	12747
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	102									10
2 First Quarter	1,571									1,57
3 Second Quarter	1,825									1,82
4. Third Quarter	2,066									2,06
5. Current Year	2,345									2,34
6 Current Year Member Months	22,285									22,28
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,945,306									1,945,30
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0						ļ			ļ
15. Health Premiums Earned	1,945,306									1,945,30
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,565,297									1 , 565 , 29
18. Amount Incurred for Provision of Health Care Services	1,600,536									1,600,53

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......1,945,306



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

IAIC Group Code 00000 BUSINESS IN THE STATE OF	E Donnovskyania				(LOCATION)	12747				
AIC Group Code 00000 BUSINESS IN THE STATE OF	r Pennsylvania	Compre (Hospital 8		DURING THE YEAR	5	6	7	8	IC Company Code	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:			•		•					
1. Prior Year	8,307									
2 First Quarter	13,079									13,07
3 Second Quarter	13,962									13,96
4. Third Quarter	14,817									14,81
5. Current Year	15,578									15,57
6 Current Year Member Months	169,062									169,06
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	17,055,490									17 , 055 , 49
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	17 , 055 , 490									17 , 055 , 49
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	15 ,479 ,084									15 , 479 , 08
18. Amount Incurred for Provision of Health Care Services	15,248,267									15,248,26

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......17,055,490



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Envision Insurance Company** 

								(LOCATION)		
AIC Group Code 00000 BUSINESS IN THE STATE OF	Rhode Island			DURING THE YEAR	2012			N/	AIC Company Code	12747
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	51									5
2 First Quarter	65									6
3 Second Quarter										6
4. Third Quarter										7
5. Current Year	71									7
6 Current Year Member Months	826									82
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	109,413									109,41
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	109,413									109,41
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	110,370									110,3
18. Amount Incurred for Provision of Health Care Services	109,818									109,81

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .......109,413



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

IAIC Group Code 00000 BUSINESS IN THE STATE OF	South Carolina			DURING THE YEAR	2012			(LOCATION)	AIC Company Code	12747
AIC GLOUP COME 00000 BOSINESS IN THE STATE OF	- South Carolina	Compre	hensive							
	1	(Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	458									45
2 First Quarter	2,855									2,85
3 Second Quarter	3,208									3,20
4. Third Quarter	3,433									3,43
5. Current Year	3,716									3,71
6 Current Year Member Months	38,353									38,35
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,814,989									3,814,98
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	3,814,989									3,814,98
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										3,334,97
18. Amount Incurred for Provision of Health Care Services	3,366,810									3,366,81

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. \_\_\_\_\_\_ 2. \_\_\_\_\_

NAIC Group Code 00000 BUSINESS IN THE STATE OF	- South Dakata			DURING THE YEAR	2012			(LOCATION)	AIC Company Code	12747
AIC GLOUP COURS 00000 BUSINESS IN THE STATE OF	- South Dakota	Compre	hensive	DURING THE YEAR	. 2012			INF	dic Company Code	12/4/
	1	(Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	64									6
2 First Quarter	743									74
3 Second Quarter										79
4. Third Quarter	856									85
5. Current Year	933									93
6 Current Year Member Months	9,711									9,71
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	967,365									967 , 36
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	967,365									967 , 36
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	864,204									864,20
18. Amount Incurred for Provision of Health Care Services	875,700									875,70

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.......967,365



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Tonnossoo			(LOCATION)	12747					
AIO GIOUP GOOG 00000 BOGINEGO IN THE STATE OF		Compre	hensive	DURING THE YEAR			_		AIC Company Code	
	1	(Hospital 8	& Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,684									7,68
2 First Quarter	8,686									8,68
3 Second Quarter	9,023									9,02
4. Third Quarter	9,244									9,24
5. Current Year	9,588									9,58
6 Current Year Member Months	108,339									108,33
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	10,794,254									10,794,25
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	10 , 794 , 254									10,794,25
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	9,799,165									9,799,16
18. Amount Incurred for Provision of Health Care Services	9,623,458									9,623,45

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......10,794,254



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

NAIC Group Code 00000 BUSINESS IN THE STATE OF	Toyas			DURING THE YEAR	2012			(LOCATION)	12747	
AIC Gloup Code 00000 BOSINESS IN THE STATE OF		Compre							AIC Company Code	
	1	(Hospital 8	k Medical)	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	29,591									29 , 59
2 First Quarter	30,531									30,53
3 Second Quarter	31,547									31,54
4. Third Quarter	32,498									32,49
5. Current Year	33,647									33,64
6 Current Year Member Months	380,199									380,19
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	34,297,069									34,297,06
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	34 , 297 , 069									34,297,06
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	31,391,859									31,391,85
18. Amount Incurred for Provision of Health Care Services	30,569,725									30,569,72

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......34,297,069



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

IAIO Croup Codo 00000 PUCINITES IN THE STATE OF LIFE					(LOCATION)	10747				
AIC Group Code 00000 BUSINESS IN THE STATE OF Utah	<u> </u>	Compre	hensive	DURING THE YEAR	2012			N/	AIC Company Code	12747
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	74									7
2 First Quarter	471									47
3 Second Quarter	593									59
4. Third Quarter	714									71
5. Current Year	830									83
6 Current Year Member Months	7,311									7,31
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	715,732									715,73
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	715,732									715,73
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	647 ,495									647 , 49
18. Amount Incurred for Provision of Health Care Services	661,280									661,28

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......715,732



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2. (LOCATION)

VAIC Group Code 00000 BUSINESS IN THE STA	TE OE Verment			DURING THE YEAR	2012			(LOCATION)	AIC Company Code	12747
ANIO GIOUP COUE 00000 BOSINESS IN THE STA	TE OF VEHILION		hensive	DORING THE YEAR						
	1	(Hospital a	& Medical) 3	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										İ
1. Prior Year	62									62
2 First Quarter	74									7
3 Second Quarter										8
4. Third Quarter	85									8
5. Current Year	88									88
6 Current Year Member Months	979									97
Total Member Ambulatory Encounters for Year:										İ
7. Physician	0									j
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	111,680									111,68
13. Life Premiums Direct	0									j
14. Property/Casualty Premiums Written	0									j
15. Health Premiums Earned	111,680									111,68
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	108,732									108,73
18. Amount Incurred for Provision of Health Care Services	107,091									107,09

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......111,680



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Envision Insurance Company** 

ALC Corres Code 00000 PLICINECO IN THE CTATE OF	- \ /::-:-	nia			DURING THE YEAR 2012				10.0	ode 12747	
AIC Group Code 00000 BUSINESS IN THE STATE OF	- virginia I I	Compre	honoivo	DURING THE YEAR	2012 			I NA	AIC Company Code	12/4/	
	1	(Hospital 8	Medical)	4	5	6	7	8	9	10	
		2	3								
							Federal Employees				
				Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX		
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other	
Total Members at end of:											
1. Prior Year	8,399									8	
2 First Quarter	15,203									15	
3 Second Quarter	15,604									15	
4. Third Quarter	15,983									15	
5. Current Year	16,337									16,	
6 Current Year Member Months	187,692									187	
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	18,353,384									18,353	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	18 , 353 , 384									18,35	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	17 ,237 ,008									17 , 23	
18. Amount Incurred for Provision of Health Care Services	17,146,299									17,146	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......18, 353, 384



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Envision Insurance Company** 

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Machineton			DURING THE YEAR	2012			(LOCATION)	AIC Company Code	12747
AIC Group Code 00000 BUSINESS IN THE STATE OF	wasnington	Compre	hensive	DURING THE TEAR	. 2012			IN/	AIC Company Code	12/4/
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	258									25
2 First Quarter	3,697									3,69
3 Second Quarter	4,280									4,28
4. Third Quarter	4,773									4,77
5. Current Year	5,227									5,22
6 Current Year Member Months	51,795									51,79
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,579,268									4 ,579 ,26
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	4,579,268									4,579,20
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4,045,133									4,045,13
18. Amount Incurred for Provision of Health Care Services	4,115,126									4,115,12

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......4,579,268



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Envision Insurance Company** 

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Most Virginia			DURING THE YEAR	2012			(LOCATION)	AIC Company Code	12747
AIC Group Code 00000 BUSINESS IN THE STATE OF	west virginia	Compre	hensive	DURING THE YEAR	2012			INA	AIC Company Code	12/4/
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,065									2,06
2 First Quarter	3,476									3,47
3 Second Quarter	3,673									3,67
4. Third Quarter	3,826									3,82
5. Current Year	3,963									3,96
6 Current Year Member Months	44,155									44,15
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,522,230									4,522,23
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4,522,230									4,522,2
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4,257,012									4,257,0
18. Amount Incurred for Provision of Health Care Services	4,191,486									4,191,48

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......4,522,230



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION Envision Insurance Company** 

AIC Group Code 00000 BUSINESS IN THE STATE OF	- Minannain			DURING THE YEAR	2012			(LOCATION) NAIC Company Cod		
AIC Group Code 00000 BUSINESS IN THE STATE OF	- vvisconsin	Compre	honoivo	DURING THE YEAR	2012 			I NA	AIC Company Code	12747
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	468									
2 First Quarter	2,324									2
3 Second Quarter	2,836									2
4. Third Quarter										3
5. Current Year	3,797									3
6 Current Year Member Months	34,767									34
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,624,542									3,624
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,624,542									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,291,527									3,29
18. Amount Incurred for Provision of Health Care Services	3,322,299									3,322

(a) For health business: number of persons insured under PPO managed care products \_and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......3,624,542



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

IALO O CONTROL DE CONT	- 14/				0040			(LOCATION)	10.0	10717
AIC Group Code 00000 BUSINESS IN THE STATE OF	- vvyoming	Compre	hensive	DURING THE YEAR	2012			I NA	IC Company Code	12747
	1	(Hospital a	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Medicare Group Supplement		Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	30									
2 First Quarter										36
3 Second Quarter	396									39
4. Third Quarter	434									43
5. Current Year	462									46
6 Current Year Member Months	4,848									4,84
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	470,853									470,85
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	470,853									470 ,85
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	388,095									388,09
18. Amount Incurred for Provision of Health Care Services	394,872									394,87

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_and number of persons insured under indemnity only products \_\_\_\_\_



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. \_\_\_\_\_\_ 2. \_\_\_\_\_

NAIC Group Code 00000 BUSINESS IN THE STATE OF	Consolidated			DURING THE YEAR	2012			(LOCATION)	AIC Company Code	12747
AIC Gloup Code 00000 BOSINESS IN THE STATE OF	Consolidated	Comprel	hensive			_	_			
	1 –	(Hospital 8	k Medical) 3	4	5	6 I	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	136,443	0	0	0	0	0	0	0	0	136 , 44
2 First Quarter	305,743	0	0	0	0	0	0	0	0	305,74
3 Second Quarter	330,310	0	0	0	0	0	0	0	0	330,31
4. Third Quarter	352,927	0	0	0	0	0	0	0	0	352,92
5. Current Year	376,263	0	0	0	0	0	0	0	0	376,26
6 Current Year Member Months	3,996,719	0	0	0	0	0	0	0	0	3,996,71
Total Member Ambulatory Encounters for Year:										
7. Physician		0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)		0	0	0	0	0	0	0	0	393,049,05
13. Life Premiums Direct		0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	
15. Health Premiums Earned	393,049,053	0	0	0	0	0	0	0	0	393,049,05
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services		0		0		0	0	0	0	358,373,24
18. Amount Incurred for Provision of Health Care Services	358,235,341	0	0	0	0	0	0	0	0	358,235,34

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products 0\_\_\_\_and number of persons insured under indemnity only products 0\_\_\_\_

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......393,049,053

## 3

## **SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID			Domiciliary	Type of Reinsurance		Unearned	Reserve Liability Other Than For Unearned	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance
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0999999	Total (Sum of 03	399999 and 069	9999)			0	0	0	0	0	1

## **SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

3 | 4 | 5 6 NAIC Company Code Federal ID Domiciliary Company Code Number Effective Date Name of Company (accident and Health - Non-Affiliates - U.S. Non-Affiliates (assay) - Accident and Health - Non-Affiliates - U.S. Non-Affiliates (assay) - Accident and Health - Non-Affiliates - U.S. Non-Affiliates (assay) - Accident and Health - Non-Affiliates - Total Non-Affiliates (assay) - Accident and Health - Total Accident and Health (assay) - Accident and Health - Total Accident and Health (assay) - Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999) Name of Company Jurisdiction Paid Losses Unpaid Losses 1799999 Total (Sum of 0799999 and 1499999)

## **SCHEDULE S - PART 3 - SECTION 2**

			Rei	insurance Ceded Accident and Health Insur	ance Liste	d by Reinsuring Cor	mpany as of Decemb	per 31, Current Year				
1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company	Federal ID			Domiciliary				Taken Other than for			Coinsurance	Funds Withheld
Code		Effective Date		Jurisdiction	Type	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
	ount - Authorized	l - Non-Affiliate	s - U.S, Non-Affiliates									
88340	59-2859797	07/01/2008	HANNOVER LIFE REASSUR CO OF AMER. HANNOVER LIFE REASSUR CO OF AMER.	FL	QA/G/A	6,628,754						
88340	59-2859797	01/01/2009	HANNOVER LIFE REASSUR CO OF AMER.	FL	QA/I/A	279,012,331						
0499999 -	General Account	- Authorized - N	on-Affiliates - U.S. Non-Affiliates			285,641,085	0	0	0	0	0	C
			on-Affiliates - Total Authorized Non-Affiliates			285,641,085	0	0	0	0	0	C
			otal General Account Authorized			285,641,085	0	0	0	0	0	U
			Account Authorized, Unauthorized and Certified 999, 0899999, 1199999, 1599999, 1899999, 2399999	2000000 2000000 2200000 2700000 4000000	Λ.	285,641,085 285,641,085	0	0	0	0	0	U
4599999 -	10tal 0.5. (Sum	01 0199999, 0499	999, 0899999, 1199999, 1599999, 1899999, 2399999	, 2099999, 3099999, 3399999, 3799999 and 4099999	/	280,041,080	U	0	U	U	U	L L
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4700000	T.1.1/0 10	000000				005.044.005			^			
4799999	Total (Sum of 2	299999 and 449	J9999)			285,641,085	0	0	0	1 0	1 0	1 0

Schedule S - Part 4

Schedule S - Part 5

Schedule S - Part 6
Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	,	Omitted)			
	1 2012	2 2011	3 2010	4 2009	5 2008
A. OPERATIONS ITEMS					
1. Premiums	285,641	41 , 164	55,679	21,623	0
2. Title XVIII-Medicare	0	0	0	0	0
3. Title XIX-Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses	259 , 156	34,695	47,918	19,322	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable	2,571	325	420	0	0
Reinsurance recoverable on paid losses	0	1,356	7 ,789	1,727	0
9. Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	XXX	XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	XXX	XXX	XXX	XXX
18. Funds deposited by and withheld from (F)	0	XXX	XXX	XXX	XXX
19. Letters of credit (L)	0	XXX	XXX	XXX	XXX
20. Trust agreements (T)	0	XXX	XXX	XXX	XXX
21. Other (O)	0	XXX	XXX	XXX	XXX

## **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	21,126,818		21,126,818
2.	Accident and health premiums due and unpaid (Line 15)	18,248,786		18,248,786
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	(159 , 465 , 181)	(159,465,181)
5.	All other admitted assets (Balance)	198,405,229		198,405,229
6.	Total assets (Line 28)	237,780,833	(159,465,181)	78,315,652
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	4,143,739	2,571,185	6,714,924
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	1,110,386		1,110,386
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	143 , 760 , 600 .	(143,760,600)	0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	66,736,607	(18,275,766)	48,460,841
15.	Total liabilities (Line 24)	215,751,332	(159,465,181)	56,286,151
16.	Total capital and surplus (Line 33)	22,029,501	XXX	22,029,501
17.	Total liabilities, capital and surplus (Line 34)	237,780,833	(159,465,181)	78,315,652
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	2,571,185		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	2,571,185		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	143,760,600		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	18,275,766		
30.	Total ceded reinsurance payables/offsets	162,036,366		
31.	Total net credit for ceded reinsurance	(159,465,181)		

# SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

				Direct Bus	iness Only		
		1 Life (Group and	2 Annuities (Group	3 Disability Income (Group and	4 Long-Term Care (Group and	5 Deposit-Type	6
States, Etc.		Individual)	and Individual)	Ìndividual)	Individual)	Contracts	Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	l l						
	AR						
5. California	I						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	1						
13. Idaho							
14. Illinois	IL						
15. Indiana							
16. lowa	IA						
17. Kansas	KS						
	li li						
18. Kentucky	KY						
19. Louisiana	I						
20. Maine	ME					ļ	
21. Maryland							
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	1						
27. Montana	TM						
28. Nebraska							
29. Nevada							
30. New Hampshire	1			<del></del>			
•	I						
31. New Jersey							
32. New Mexico							
33. New York	I						
34. North Carolina	I						
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island					l	l	L
41. South Carolina							
42. South Dakota	SD						
	TN			• • • • • • • • • • • • • • • • • • • •			
43. Termessee 44. Texas	TX						
45. Utah	1						
46. Vermont	VT						
47. Virginia							
48. Washington							
49. West Virginia	1						
50. Wisconsin	1					ļ	
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands							
	l l						
57 Canada					L		L
57. Canada58. Aggregate Other Alien							

## 4

# SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

		1 0	1 .	1 - 1					1 40	- 44	1 40	10	1 44	1 45
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15
						Securities					(Ownership,			
						Exchange if					Board,	If Control is	Ultimate	
		NAIC	Federal			Publicly	Name of		Relationship to		Management,	Ownership	Controlling	
Group		Company	ID	Federal		Traded (U.S. or	Parent Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Entity(ies)/	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
					-	,	Envision Pharmaceutical			Envision Pharmaceutical			(-)	
			26-0676699				Holdings, Inc.	USA	UDP	Holdings, Inc.	Ownership	100.0		1
													Envision	
										Envision Pharmaceutical			Pharmaceutical	
			34 - 1939227				Rx Options, Inc	USA	NIA	Holdings, Inc	. Ownership	100.0	Holdings, Inc	0
													Envision	
							Envision Pharmaceutical			Envision Pharmaceutical			Pharmaceutical	
			05-0570786				Services, Inc.	USA	NIA	Holdings, Inc	Ownership	100.0	Holdings, Inc	0
							Faviaiaa Dhaamaaaatiaal			Fautaina Dharmanntinal			Envision	
			00 0544000				Envision Pharmaceutical	USA	NIA	Envision Pharmaceutical	O	100.0	Pharmaceutical Holdings, Inc	0
			88 - 0511398			-	Services, Inc	USA	N I A	.Holdings, Inc	. Ownership	100.0	Envision	0
							Envision Medical Solutions,			Envision Pharmaceutical			Pharmaceutical	
			20-3389462				Inc	USA	NIA	Holdings, Inc.	Ownership		Holdings, Inc	0
			20-3303402			-				Thorumgs, mc		100.0	Envision	
										Envision Pharmaceutical			Pharmaceutical	
		12747	20-4308924				Envision Insurance Company	USA	DS	Holdings, Inc.	Ownership	100 0	Holdings, Inc	0
										1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0.1.0			Envision	
							Orchard Pharmaceutical			Envision Pharmaceutical			Pharmaceutical	
			26-2434607				Services, Inc.	USA	NIA	.Holdings, Inc	Ownership	100.0	Holdings, Inc	0
				i							İ '		Envision	
							First Florida Insurers of			Envision Pharmaceutical			Pharmaceutical	
			59-2798509				Tampa, Inc	USA	NIA	Holdings, Inc	Ownership	100.0	Holdings, Inc	0
										L			Envision	
			50.0700004					1104		First Florida Insurers of		400.0	Pharmaceutical	0
			59-3760021				Advance Benefits, Inc	USA	NIA	Tampa, Inc.	Ownership	100.0	Holdings, Inc	0
										Envision Pharmaceutical			Envision	
			27 - 4368094				Design Rx Holdings Corporation	USA	NIA	Holdings, Inc.	.Ownership	100.0	Pharmaceutical Holdings, Inc	0
			27 -4300094				Design Kx nordings corporation	USA				100.0	Envision	0
										Design Rx Holdings			Pharmaceutical	
			20 - 1369429				Design Rx, LLC	USA	NIA	Corporation	Ownership	100.0	Holdings, Inc	0
						1		30/1		1	1	1	Envision	
										Design Rx Holdings			Pharmaceutical	
			20-5166645	[			Design Rxclusives, LLC	USA	NIA	Corporation	. Ownership	100.0	Holdings, Inc	0
	]			1			,			'			Envision	
			1	1					1	Design Rx Holdings			Pharmaceutical	
			20-3649446		<u></u>		Rx Initiatives, LLC	USA	NIA	Corporation	Ownership	100.0	Holdings, Inc	0

# SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Asterisk	Explanation
1	Refer to Notes to the Financial Statements, Question 21 (Other Items), Pharagraph C (Other Disclosures)

## **SCHEDULE Y**

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

NAIC Company Code	2 Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates First Florida Insurers of Tampa, Inc	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Agreements and Service Contracts	9  Income/ (Disbursements) Incurred Under Reinsurance Agreements	10	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	59-2798509	First Florida Insurers of Tampa, Inc.					1, 194,623,555		ļ		801,392	
12747	34-1939227 20-4308924	Rx Options, Inc. Envision Insurance Company					1 , 194 , 623 , 555 (1 , 195 , 424 , 947)		·····		1, 194, 623, 555 (1, 195, 424, 947)	
12/4/	20-4300924	LINTSTOIL HISUTAICE COMPANY					(1,195,424,947)		İ		(1,195,424,947)	
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## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

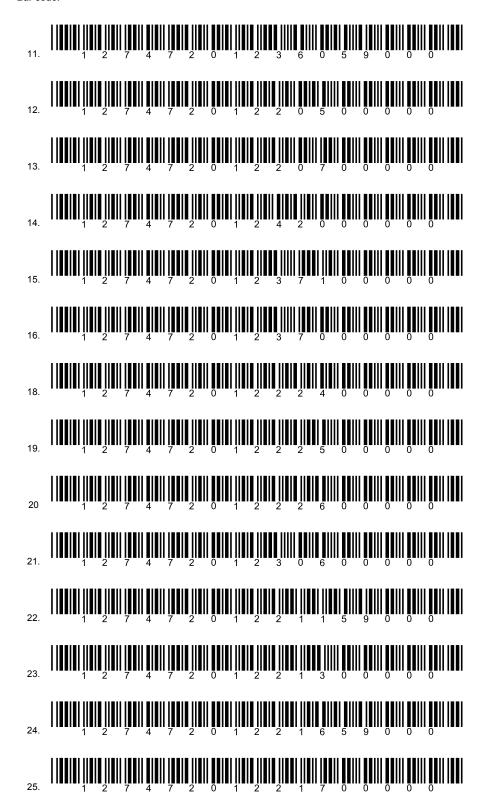
1	MARCH FILING	
1. 2.		YES
3.	,	YES
4.		YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	SEE EXPLANATION
which t	lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transacthe special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar complement is required of your company but is not being filed for whatever reason enter <b>SEE EXPLANATION</b> and provide an explanation following ons.	de will be printed below. If
	MARCH FILING	
11.		NO
12.	•••	NO
13.		N0
14.		N0
15.		N0
16.	•	N0
17.		YES
18.	•	N0
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	N0
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	NO
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	N0
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	N0
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	SEE EXPLANATION
Explar 10. No	n Required	
11. Th	e Company does not offer Medicare Supplement Insurance	
	e Company does not offer life insurance.	
13. Th	e Company does not write any property/casualty insurance.	
14. Th	e Company has less than 100 shareholders.	
15. Th	e Company does not write life Insurance.	
16. Th	e Company does not write life Insurance.	
18. No	t applicable	
19. No	t applicable	

20. Not applicable

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 21. The Company does not write long-term care insurance
- 22. The Company does not write life insurance
- 23. The Company does not write any property/casualty insurance.
- 24. Exempt Medicare Part D business only
- 25. Exempt Medicare Part D business only
- 26. None Required

#### Bar code:



## **OVERFLOW PAGE FOR WRITE-INS**



# SUPPLEMENT FOR THE YEAR 2012 OF THE Envision Insurance Company MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance) (To Be Filed By March 1)

NAIC Group Code 00000 NAIC Company Code 12747

	Individual Co		Group Co		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	101,914,356	XXX	7 , 188 , 098	XXX	109 , 102 , 454
1.12 Without Reinsurance Coverage					
1.13 Risk-Corridor Payment Adjustments					
1.2 Supplemental Benefits					
Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	(15 547 190)	XXX	(559 343)	xxx	XXX
2.12 Without Reinsurance Coverage					
2.2 Supplemental Benefits			1		XXX
Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		VVV		vvv	VVV
3.12 Without Reinsurance Coverage					
3.2 Supplemental Benefits.		XXX		λλλ	
Risk-Corridor Payment Adjustments-change	7 040 004	WWW		NAVA .	VVV
4.1 Receivable					
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage					
5.12 Without Reinsurance Coverage					
5.13 Risk-Corridor Payment Adjustments	14,412,046			XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
Total Premiums	100,779,213	XXX	6,628,755	XXX	116,471,197
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	93,928,972	XXX	6 , 178 , 180	XXX	100 , 107 , 152
7.12 Without Reinsurance Coverage		XXX		XXX	
7.2 Supplemental Benefits		XXX		XXX	
Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	(86,816)	XXX	(940,630)	XXX	XXX
8.12 Without Reinsurance Coverage					
8.2 Supplemental Benefits		XXX	l I	XXX	XXX
Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage				XXX	XXX
9.2 Supplemental Benefits		XXX	l	XXX	XXX
10 Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.	93 842 156	YYY	5 , 237 , 550	XXX	XXX
10.12 Without Reinsurance Coverage			0,207,000	XXX	XXX
	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	93,842,156	XXX	5,237,550	XXX	100,107,152
11. Total Claims	95,042,130	۸۸۸	0,231,330	۸۸۸	100, 107, 132
12. Reinsurance Coverage and Low Income Cost Sharing	vvv	116 540 007	vvv	7 GCE C14	12/ 200 500
12.1 Claims Paid – Net To Reimbursements Applied			XXX		124 , 208 , 508
12.2 Reimbursements Received but Not Applied-change			l I		(
12.3 Reimbursements Receivable-change					XXX
12.4 Health Care Receivables-change					XXX
13. Aggregate Policy Reserves-change			i i		XXX
14. Expenses Paid		XXX	i i	XXX	7 , 116 , 899
15. Expenses Incurred		XXX	368,051	XXX	XXX
16. Underwriting Gain/Loss	1,341,455	XXX	1,023,154	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(114,961,362

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